

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2398

State File No.

Registration District No. 251

Primary Registration District No. 4151

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jameson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Daughter Mrs. Paul Reed
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 Day
years, months or days

3. (a) PRINT FULL NAME Leota Jenkins

3. (b) If veteran, None name war _____
3. (c) Social Security None No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James E. Jenkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 13 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 28 hr. _____ min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Merwin Critten

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Edmonds

15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Jenkins

(b) Address Jameson, Mo.

17. (a) Burial (b) Date thereof 1-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamesport, Mo.

18. (a) Signature of funeral director Hope Funeral Co.

(b) Address Gallatin, Mo.

19. (a) 1-12-41 (b) Oral Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles S.E. Jameson, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 1940 to Jan 11 1941
that I last saw her alive on Jan 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
Starting deep in Left
Mammary Gland
Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

859 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Dr. J. Graham (M. D. or other) D
Address Jameson Mo Date signed 1-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

L. A. Richardson

Licensed Embalmer No.

3302

P. O. Address

Galatins, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.